Recertification Report - CARF Accredited Organization

Provider Name		Provider Number	Begin Cert Date	End Cert Date	
ARK REGIONAL SERVICES		1407939218	10/30/2008	10/30/2009	
Organizational Practices	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Recommendation (Systemic)	One ISC did not have evidence of the educational requirements on file as required. Seven of fourteen direct care staff interviewed were unable to demonstrate functional knowledge of participant specific information.	No	11/3/2008
	Staff Qualifications and Training (Wyoming Medicaid rules Chapter 45 Section 26)	Suggestion	The provider is encouraged to ensure that all required staff complete the DDD general training modules (available on DVD) by the next annual site survey. A best practice is to have a demonstratable quality assurance check system for participant specific training documentation with an electronic 'tickler system' or database. (e.g., ensuring training with back-up coverage staff) There were some instances where the provider was not documenting participant specific training per Medicaid rules (e.g., date, title, signature. etc.) but this was not systemic. The provider is encouraged to have the trainer or supervisors ensure this is documented consistently and accurately.	No	

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, , ,	Recommendation (Systemic)	The Creative Arts Center did not have a variety of drills conducted since the opening of services but were conducted within one week of September 2008. All sites reviewed did not have the minimum variety according to the emergency plans required by CARF. The RH locations did not have a 3rd shift drill conducted as required for all shifts. The Arena location had no description/content narrative of the drills run.	Yes	10/24/2008
Emergency Procedures during Transportation (CARF 1.E.)	In-compliance	The provider gave evidence during the survey of meeting this requirement.	No	
Internal Inspections (CARF 1.E.)	Recommendation (Systemic)	Two locations did not have the quarterly smoke detector tests documented, as required. Three of ten internal inspection either did not have a signature, committee review, or follow-up documented.	No	11/3/2008
External Inspections (CARF 1.E.)	In-compliance	The provider gave evidence during the survey of meeting this requirement.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	In-compliance	The provider's policy meets the Division standards. 11 of 14 staff interviewed were able to demonstrate functional knowledge of the incident reporting process.	No	
Incident reporting standards (Wyoming Medicaid rules Chapter 45, Section 30)	Suggestion	The provider has made some beneficial adjustments to the internal incident form. A best practice is to also include a prompt and narrative section for staff to document antecedents (as required for the Division's reporting and restraint standards). The provider demonstrated internal incident training for staff. A best practice is to have a systematic policy and procedure that staff can reference between trainings for compliance with IR use, implementation, definitions, routing, and differentiation with the "FYI" form.	No	
Complaint and Grievance (CARF 1.D.)	In-compliance	The provider gave evidence during the survey of meeting this requirement.	No	

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	Rights of Participants (Wyoming Medicaid rules, Chapters 45, Section 26, CARF Section 1)	Recommendation (Systemic)	The provider gave evidence of policy and information for participants and staff. The Canby location is using video monitoring in locations with assumed privacy (not entrance/exit) and is not included in all of the participants' rights restrictions in their IPC. Participant #6 has her private bedroom closet locked, denying access to the majority of her personal belongings. This needs to be clearly outlined in the IPC.	Yes	10/24/2008
	Behavior Plans (Chapter 45, Section 29)	In-compliance	The provider gave evidence during the survey of meeting this requirement.	No	
	Restraint standards (Chapter 45, Section28)	In-compliance	The provider gave evidence of a policy, documentation of use, analysis, reporting, and managment monitoring.	No	
	Other rule or standard, HIPAA & Confidentiality	Recommendation (Systemic)	At both the Creative Arts Center and the Recycling Center there were red books unsecure.	No	11/3/2008
	Transportation Requirements (CARF 1.E.9)	In-compliance	The provider gave evidence during the survey of meeting this requirement.	No	
Participant Specific Reviews	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Implementation of Individual Plan of Care (Wyoming Medicaid rules Chapters 41, 42 and 43, Section 8)	In-compliance	Many staff demonstrated functional knowledge of the participant's plan of care. Staff appeared to be caring, supportive, and available to the needs of the participants. There were no concerns observed during service delivery, except otherwise noted in this report.	No	
	Releases of Information (CARF 2.B.)	In-compliance	Seven of eight files reviewed had releases of information that were purpose specific and time limited.	No	
	Emergency Information (CARF 2.B.)	In-compliance	Eight participant files reviewed had appropriate emergency information.	No	

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	Objectives and goal tracking (Wyoming Medicaid Rules Chapter 41-43)	In-compliance	The provider gave evidence that the direct care staff are documenting and implementing the goals as written in the plan of care.	No	
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Recommendation (Focused)	One month of RH services for Participant #7, in the month of April 2008, 29 units were billed and 28 units were documented. One unit will be referred to the Office of Healthcare Financing for possible recovery.	No	11/3/2008
	Billing and Documentation (Wyoming Medicaid Rules Chtr. 45 Sect. 27)	Suggestion	Schedules must include a time in and out for service, not "awake or bed" times. Please work with the appropriate Waiver as schedules are identified that do not meet the documentation standards.	No	
Case Management Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Case manager monthly/quarterly documentation meets requirements of Chapters 41, 42 and 43, and DD rule, Chapter 1	In-compliance	All file reviews demonstrated the requirements of monthly/quarterly documentation adequately giving evidence of the ISC standards.	No	
	Team meeting notes (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	The provider gave evidence of having the required team meeting notes.	No	
	Development and Tracking of Objectives (Chapters 41, 42, and 43 and DD rule, Chapter 1)	Recommendation (Systemic)	The case management provider are reviewing goals through schedule reviews, contacts with direct care staff, and home visits with participants. However, these reviews in the case management documentation are general, not measurable, and not identifying progress or decline in a quantifiable manner.	No	11/3/2008

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	Monitoring implementation of the IPC (Chapters 41, 42, and 43 and DD rule, Chapter 1)	In-compliance	The provider gave evidence of being available to participants at various times and locations, completing home visits, instructing direct care staff on plans of care, and collaborating with multiple team members and disciplines in the participant's plan.	No	
	Other rule or standard, Documentation Standards (WMR Chtr.45, Sect.27)	Recommendation (Systemic)	The case management monthly notes were consistently missing a full signature per physical page as required. It was also found numerous times that the date of the signature and completed ISC monthly notes occurred after the billing department submitted for payment. Any documentation required to support billing must meet the documentation standards and prior to submitting to ACS for billing.	No	11/3/2008
Residential Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	For two locations (Reynolds & N. 19th) the medications are being locked, however, the key is being kept with the locked cabinet. At Nighthawk during the survey, the garage is accessible to the public, it was unlocked, door open and participants' personal belongings were unsecured (including multiple personal photographs of participants). At N. 5th, the house number does not match administrative records for the address. At Hancock, two participants had medications that were unsecured in their bedrooms.	Yes	10/24/2008
	Organization meets CARF Standards on Community Housing (CARF Section 4.J)	In-compliance	The survey team was able to verify individualized choices are being respected, the promotion of independence, and positive staff interactions.	No	

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	Organization meets CARF Standards for Supported Living (CARF 4. K.)	In-compliance	Participants' bedrooms are individually decorated and promoting personal preferences. The common areas were also clean and nicely decorated. Participants are regularly offered choices for community integration and activities. There was a high degree of satisfaction expressed for their homes.	No	
	The organization meets the standards in Chapter 45, section 23)	In-compliance	The provider gave evidence of meeting the standards.	No	
Day Habilitiation, Employment Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	The organization meets the standards for Community Integration (CARF 4.E)	Commendation	The provider is commended for the use of the Creative Arts Center as an opportunity for community awareness and integration for persons with or without disabilities. Participants utilizing these opportunities expressed high satisfaction.	No	
	The organization meets the standards for employment (CARF Section 3 and Chapter 45 Section 23)	In-compliance	Through observation, interviews, and documentation review the provider demonstrated meeting these standards. Participants expressed satisfaction with their employment opportunities.	No	
	Organization maintains a healthy and safe environment – all service settings (CARF 1.E.10 Chapter 45, Section 23)	Recommendation (Systemic)	At the Recycling Center there were chemicals locked with the keys stored unsecured, there was no emergency information readily available to staff, no emergency evacuation plan posted, and no smoke detectors installed. The Arena did not have smoke detectors installed throughout the building (consult with Fire professionals on alternatives). At Canby there was a broken CO detector and locked fire extinguishers.	Yes	10/24/2008

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	Organization meets the standards for the service provided (CARF Standards and Medicaid rules)	In-compliance	The provider offers a variety of service settings and opportunities. Many of the participants expressed high satisfaction of the different opportunities within the Ark organization and in the community.	No	
Other Services	Area of Survey	Findings & Identification of Noncompliance	As Evidenced By	Health, Safety, or Rights Issue?	Date QIP Due
	Organization maintains a healthy and safe environment (CARF 1.E.10 and WMR Chapter 45, Section 23)	In-compliance	The provider's location for skilled nursing services had no identified concerns.	No	
	Organization meets the standards for the service provided (CARF Standards and WMR Chapter 41-45)	In-compliance	Skilled nursing services were reviewed through observations, interviews, and documentation review with no concerns identified.	No	

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